

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:
FROM _____
TO _____

WORKSHEET B-1

COST CENTER DESCRIPTIONS	OLD CAPITAL RELATED COST		NEW CAPITAL RELATED COST		EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)						
	1	2	3	4						
GENERAL SERVICE COST CENTERS										
1 Old Capital Related Costs-Buildings and Fixtures										1
2 Old Capital Related Costs-Movable Equipment										2
3 New Capital Related Costs-Buildings and Fixtures										3
4 New Capital Related Costs-Movable Equipment										4
5 Employee Benefits										5
6 Administrative and General										6
7 Maintenance and Repairs										7
8 Operation of Plant										8
9 Laundry and Linen Service										9
10 Housekeeping										10
11 Dietary										11
12 Cafeteria										12
13 Maintenance of Personnel										13
14 Nursing Administration										14
15 Central Services and Supply										15
16 Pharmacy										16
17 Medical Records & Medical Records Library										17
18 Social Service										18
19 Other General Service (specify)										19
20 Nonphysician Anesthetists										20
21 Nursing School										21
22 Intern & Res. Service-Salary & Fringes (Approved)										22
23 Intern & Res. Other Program Costs (Approved)										23
24 Paramedical Education Program (specify)										24
INPATIENT ROUTINE SERVICE COST CENTERS										
25 Adults and Pediatrics (General Routine Care)										25
26 Intensive Care Unit										26
27 Coronary Care Unit										27
28 Burn Intensive Care Unit										28
29 Surgical Intensive Care Unit										29
30 Other Special Care Unit (specify)										30
31 Subprovider (specify)										31
33 Nursery										33
34 Skilled Nursing Facility										34
35 Nursing Facility										35
36 Other Long Term Care										36

FORM CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3617)

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COST CENTER DESCRIPTIONS	OLD CAPITAL RELATED COST		NEW CAPITAL RELATED COST		EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)						
	1	2	3	4						
ANCILLARY SERVICE COST CENTERS										
37 Operating Room										37
38 Recovery Room										38
39 Delivery Room and Labor Room										39
40 Anesthesiology										40
41 Radiology-Diagnostic										41
42 Radiology-Therapeutic										42
43 Radioisotope										43
44 Laboratory										44
45 PBP Clinical Laboratory Services-Program Only										45
46 Whole Blood & Packed Red Blood Cells										46
47 Blood Storing, Processing, & Trans.										47
48 Intravenous Therapy										48
49 Respiratory Therapy										49
50 Physical Therapy										50
51 Occupational Therapy										51
52 Speech Pathology										52
53 Electrocardiology										53
54 Electroencephalography										54
55 Medical Supplies Charged to Patients										55
55.30 Implantable Devices Charged to Patients										55.30
56 Drugs Charged to Patients										56
57 Renal Dialysis										57
58 ASC (Non-Distinct Part)										58
59 Other Ancillary (specify)										59
OUTPATIENT SERVICE COST CENTERS										
60 Clinic										60
61 Emergency										61
62 Observation Beds										62
63 Other Outpatient Service (specify)										63
OTHER REIMBURSABLE COST CENTERS										
64 Home Program Dialysis										64
65 Ambulance Services										65
66 Durable Medical Equipment-Rented										66
67 Durable Medical Equipment-Sold										67
68 Other Reimbursable (specify)										68
69 Outpatient Rehabilitation Provider (specify)										69
70 Intern-Resident Service (not appvd. tchng. prgm.)										70

COST ALLOCATION - STATISTICAL BASIS					PROVIDER NO:	PERIOD: FROM _____ TO _____		WORKSHEET B-1					
COST CENTER DESCRIPTIONS	OLD CAPITAL RELATED COST		NEW CAPITAL RELATED COST		EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)				
	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)							1	2	3
71 Home Health Agency													71
SPECIAL PURPOSE COST CENTERS													
82 Lung Acquisition													82
83 Kidney Acquisition													83
84 Liver Acquisition													84
85 Heart Acquisition													85
86 Other Organ Acquisition (specify)													86
92 Ambulatory Surgical Center (Distinct Part)													92
93 Hospice													93
94 Other Special Purpose (specify)													94
95 SUBTOTALS (sum of lines 1-94)													95
NONREIMBURSABLE COST CENTERS													
96 Gift, Flower, Coffee Shop, & Canteen													96
97 Research													97
98 Physicians' Private Offices													98
99 Nonpaid Workers													99
100 Other Nonreimbursable (specify)													100
101 Cross foot adjustments													101
102 Negative cost centers													102
103 Cost to be allocated (per Wkst. B, Part I)													103
104 Unit cost multiplier (Wkst. B, Part I)													104
105 Cost to be allocated (per Wkst. B, Part II)													105
106 Unit cost multiplier (Wkst. B, Part II)													106
107 Cost to be allocated (per Wkst. B, Part III)													107
108 Unit cost multiplier (Wkst. B, Part III)													108

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COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: _____

PERIOD:
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TO _____

WORKSHEET B-1

COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAIN-TENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINIS-TRATION (DIRECT NURS. HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)		
	9	10	11	12	13	14	15	16	17	18		
GENERAL SERVICE COST CENTERS												
1 Old Capital Related Costs-Buildings and Fixtures												1
2 Old Capital Related Costs-Movable Equipment												2
3 New Capital Related Costs-Buildings and Fixtures												3
4 New Capital Related Costs-Movable Equipment												4
5 Employee Benefits												5
6 Administrative and General												6
7 Maintenance and Repairs												7
8 Operation of Plant												8
9 Laundry and Linen Service												9
10 Housekeeping												10
11 Dietary												11
12 Cafeteria												12
13 Maintenance of Personnel												13
14 Nursing Administration												14
15 Central Services and Supply												15
16 Pharmacy												16
17 Medical Records & Medical Records Library												17
18 Social Service												18
19 Other General Service (specify)												19
20 Nonphysician Anesthetists												20
21 Nursing School												21
22 Intern & Res. Service-Salary & Fringes (Approved)												22
23 Intern & Res. Other Program Costs (Approved)												23
24 Paramedical Education Program (specify)												24
INPATIENT ROUTINE SERVICE COST CENTERS												
25 Adults and Pediatrics (General Routine Care)												25
26 Intensive Care Unit												26
27 Coronary Care Unit												27
28 Burn Intensive Care Unit												28
29 Surgical Intensive Care Unit												29
30 Other Special Care Unit (specify)												30
31 Subprovider (specify)												31
33 Nursery												33
34 Skilled Nursing Facility												34
35 Nursing Facility												35
36 Other Long Term Care												36

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PERIOD:
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TO _____

WORKSHEET B-1

COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAIN-TENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
	9	10	11	12	13	14	15	16	17	18	
ANCILLARY SERVICE COST CENTERS											
37 Operating Room											37
38 Recovery Room											38
39 Delivery Room and Labor Room											39
40 Anesthesiology											40
41 Radiology-Diagnostic											41
42 Radiology-Therapeutic											42
43 Radioisotope											43
44 Laboratory											44
45 PBP Clinical Laboratory Services-Program Only											45
46 Whole Blood & Packed Red Blood Cells											46
47 Blood Storing, Processing, & Trans.											47
48 Intravenous Therapy											48
49 Respiratory Therapy											49
50 Physical Therapy											50
51 Occupational Therapy											51
52 Speech Pathology											52
53 Electrocardiology											53
54 Electroencephalography											54
55 Medical Supplies Charged to Patients											55
55.30 Implantable Devices Charged to Patients											55.30
56 Drugs Charged to Patients											56
57 Renal Dialysis											57
58 ASC (Non-Distinct Part)											58
59 Other Ancillary (specify)											59
OUTPATIENT SERVICE COST CENTERS											
60 Clinic											60
61 Emergency											61
62 Observation Beds											62
63 Other Outpatient Service (specify)											63
OTHER REIMBURSABLE COST CENTERS											
64 Home Program Dialysis											64
65 Ambulance Services											65
66 Durable Medical Equipment-Rented											66
67 Durable Medical Equipment-Sold											67
68 Other Reimbursable (specify)											68
69 Outpatient Rehabilitation Provider (specify)											69
70 Intern-Resident Service (not appvd. tchnng. prgm.)											70

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WORKSHEET B-1

COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAIN-TENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINIS-TRATION (DIRECT NURS. HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
	9	10	11	12	13	14	15	16	17	18	
71 Home Health Agency											71
SPECIAL PURPOSE COST CENTERS											
82 Lung Acquisition											82
83 Kidney Acquisition											83
84 Liver Acquisition											84
85 Heart Acquisition											85
86 Other Organ Acquisition (specify)											86
92 Ambulatory Surgical Center (Distinct Part)											92
93 Hospice											93
94 Other Special Purpose (specify)											94
95 SUBTOTALS (sum of lines 1-94)											95
NONREIMBURSABLE COST CENTERS											
96 Gift, Flower, Coffee Shop, & Canteen											96
97 Research											97
98 Physicians' Private Offices											98
99 Nonpaid Workers											99
100 Other Nonreimbursable (specify)											100
101 Cross foot adjustments											101
102 Negative cost centers											102
103 Cost to be allocated (per Wkst. B, Part I)											103
104 Unit cost multiplier (Wkst. B, Part I)											104
105 Cost to be allocated (per Wkst. B, Part II)											105
106 Unit cost multiplier (Wkst. B, Part II)											106
107 Cost to be allocated (per Wkst. B, Part III)											107
108 Unit cost multiplier (Wkst. B, Part III)											108

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COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: _____

PERIOD:
FROM _____
TO _____

WORKSHEET B-1

COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE (SPECIFY)	NON-PHYSICIAN ANESTHETISTS (ASGND TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARA-MEDICAL EDUCATION (ASSIGNED TIME)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	19	20	21	SALARY AND FRINGES (ASSIGNED TIME)	PROGRAM COSTS (ASSIGNED TIME)	23				24
GENERAL SERVICE COST CENTERS										
1 Old Capital Related Costs-Buildings and Fixtures										1
2 Old Capital Related Costs-Movable Equipment										2
3 New Capital Related Costs-Buildings and Fixtures										3
4 New Capital Related Costs-Movable Equipment										4
5 Employee Benefits										5
6 Administrative and General										6
7 Maintenance and Repairs										7
8 Operation of Plant										8
9 Laundry and Linen Service										9
10 Housekeeping										10
11 Dietary										11
12 Cafeteria										12
13 Maintenance of Personnel										13
14 Nursing Administration										14
15 Central Services and Supply										15
16 Pharmacy										16
17 Medical Records & Medical Records Library										17
18 Social Service										18
19 Other General Service (specify)										19
20 Nonphysician Anesthetists										20
21 Nursing School										21
22 Intern & Res. Service-Salary & Fringes (Approved)										22
23 Intern & Res. Other Program Costs (Approved)										23
24 Paramedical Education Program (specify)										24
INPATIENT ROUTINE SERVICE COST CENTER										
25 Adults and Pediatrics (General Routine Care)										25
26 Intensive Care Unit										26
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COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE (SPECIFY)	NON-PHYSICIAN ANES-THETISTS (ASGND TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARA-MEDICAL EDUCATION (ASSIGNED TIME)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	19	20	21	SALARY AND FRINGES (ASSIGNED TIME)	PROGRAM COSTS (ASSIGNED TIME)	23		24		25
ANCILLARY SERVICE COST CENTERS										
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38 Recovery Room										38
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58 ASC (Non-Distinct Part)										58
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COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE (SPECIFY)	NON-PHYSICIAN ANESTHETISTS (ASGND TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SALARY AND FRINGES (ASSIGNED TIME)	PROGRAM COSTS (ASSIGNED TIME)	PARA-MEDICAL EDUCATION (ASSIGNED TIME)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL
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SPECIAL PURPOSE COST CENTERS									
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83 Kidney Acquisition									83
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NONREIMBURSABLE COST CENTERS									
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